

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mrs. Olivia  
 Pike Co. Jail  
 20 W. Church St  
 Troy, NC 36081

2. Article Number  
*(Transfer from service label)*

7004 2510 0001 0150 3647

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*X Dora T. Hill*
 Agent  
 Addressee

B. Received by (Printed Name)

*Dora T. Hill*

C. Date of Delivery

*3/1/06*

D. Is delivery address different from item 1?

 Yes

If YES, enter delivery address below:

 No

*procorder & cm  
 2/06CV208*

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? *(Extra Fee)* Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540